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Services

Mental Health & Intellectual Developmental Disabilities (MH-IDD)

Random Moment Time Study

The Agenda

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Random Moment Time Study (RMTS) will include:

- RMTS Overview
- RMTS Requirements
- Contacts – Roles and Responsibilities
- Participant List
- Moment Selection
- Moment Response
- System Demonstration
- Polling Questions
- Medicaid Administrative Claiming (MAC) Overview
- Wrap up

What is Random Moment Time Study (RMTS)?

- A valid random sampling technique that measures the participant's time performing work activities

- The "Moment" represents one minute of time that is randomly selected from all available moments within the quarter

- Statewide time study sample

  Regardless of the MH-IDD the time study participant is located, once the moment has occurred, please logon to STAIRS and respond to the series of questions documenting the activity being performed and the name of the entity.

- Significantly reduces staff time needed to record participant activities

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Overview - Purpose of RMTS

- To determine the percentage of time the MH-IDD incurs assisting individuals to access medically necessary Medicaid funded services
  - Medicaid Outreach
  - Medicaid Eligibility Determination
  - Medicaid Referral, Coordination, and Monitoring
  - Medicaid Staff Training
  - Medicaid Transportation
  - Medicaid Translation
  - Medicaid Program Planning, Development & Interagency Coordination
  - Medicaid Provider Relations
- To reasonably identify staff time spent on activities during the given quarter.

Overview - Time Study Activities

- Direct Medical – Providing care, treatment and/or counseling
- Outreach – Informing individuals, families and groups about available services
- Eligibility – Assisting individuals or families with the Medicaid eligibility process
- Referral, Coordination, and Monitoring – Making referrals, coordinating and/or monitoring the delivery of medical services
- Staff Training – Coordinating, conducting or participating in training pertaining to medical or Medicaid services
- Transportation – Arranging or providing transportation to medical or Medicaid services
- Translation – Arranging or providing translation to an individual or family to access medical or Medicaid services
- Program Planning, Development & Interagency Coordination – Developing strategies to improve the coordination and delivery of medical or Medicaid services
- Provider Relations – Activities to secure and maintain Medicaid providers

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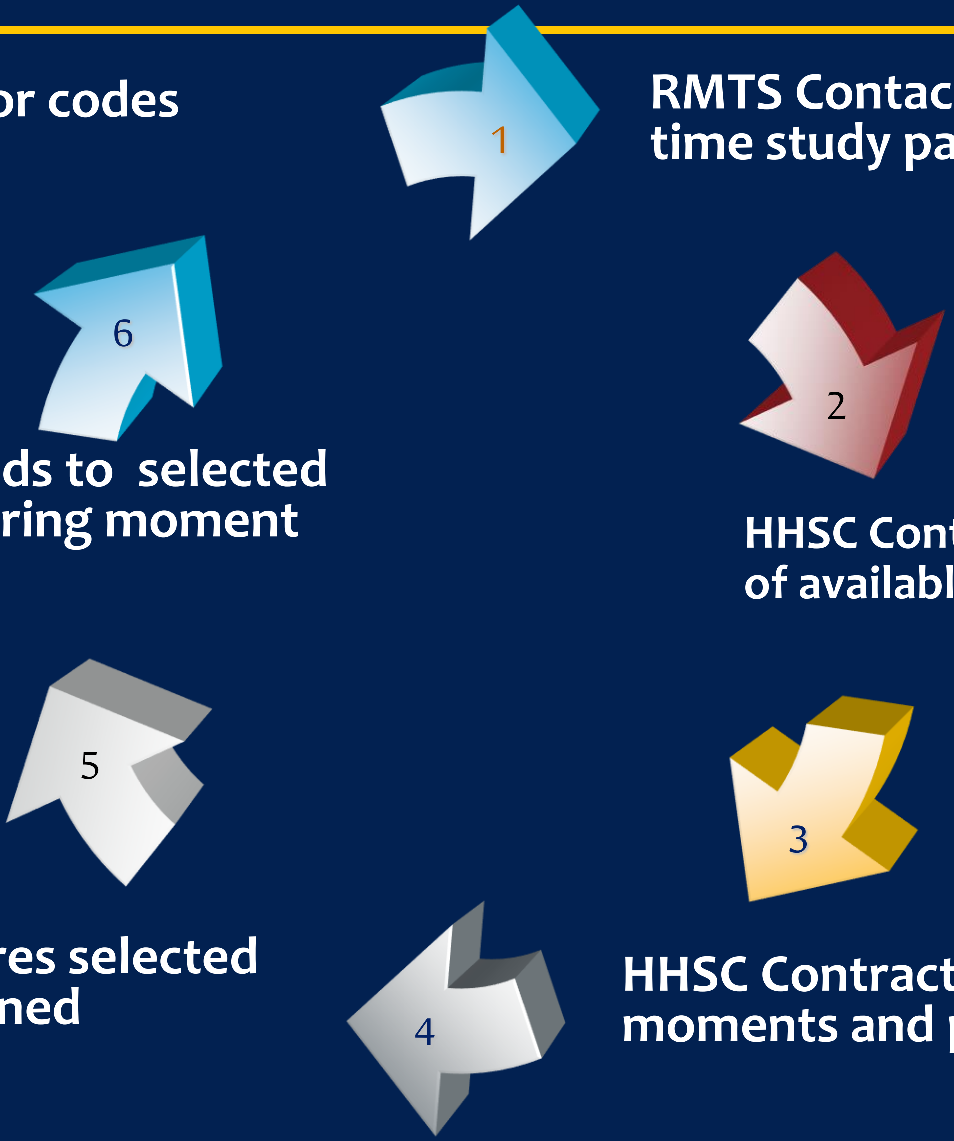
Overview- RMTS Process



RMTS Contact identifies pool of time study participants

HHSC Contractor identifies pool of available time study moments

HHSC Contractor randomly matches moments and participants

RMTS Contact ensures selected participants are trained

Participant responds to selected moment by answering moment online

HHSC contractor codes moment

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Requirements for RMTS

In order to participate, you must…

- Time Study Periods (Federal Fiscal Quarters)
    - 1st Quarter - October, November, December
    - 2nd Quarter - January, February, March
    - 3rd Quarter - April, May, June
    - 4th Quarter – July, August, September
- To claim MAC must participate in time study.
- Participant List (PL) must be certified for entity to participate in the random moment time study (RMTS).
- To be included on the MAC claim the position must be included on the PL.
- A statewide response rate of 85% for RMTS moments is required.
- Mandatory annual training for RMTS Contact and participants is required.

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Requirements - Important Dates

Event	Opens/Begins	Closes/Ends (6 p.m. CT)
Participant List (PL)		
1st Quarter PL	08/15/2019	09/13/2019
2nd Quarter PL	09/14/2019	12/13/2019
3rd Quarter PL	12/14/2019	03/13/2020
4th Quarter PL	03/14/2020	06/15/2020
Time Study (TS)		
1st Quarter TS	10/01/2019	12/31/2019
2nd Quarter TS	01/02/2020	03/31/2020
3rd Quarter TS	04/01/2020	06/30/2020
4th Quarter TS	07/01/2020	09/30/2020

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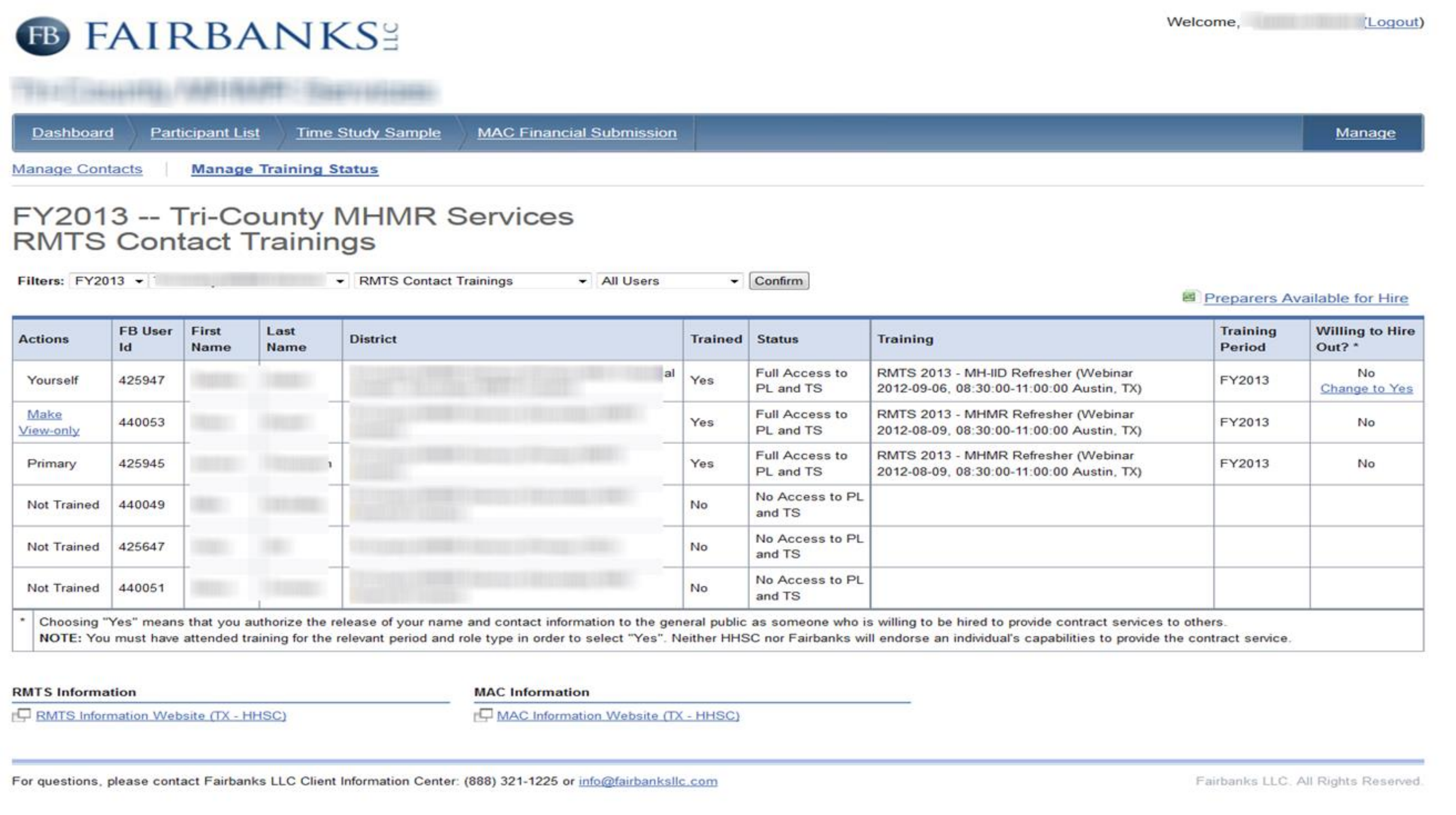
Requirements - Training

- Each RMTS Contact must complete HHSC training annually
- RMTS contacts are required to complete only one HHS annual initial training and then are eligible to take "refresher" trainings.
- Initial training must be interactive and therefore must be conducted via Face-to-Face, Webinar, Skype or Teleconference
- Refresher training may be conducted via CD's, videos, web-based and self-paced training
- HHSC recommends that all participating MH-IDD's have at least 2 employees attend mandatory RMTS Contact training
- Trained RMTS contacts are responsible for training Time Study (TS) participants annually
- MAC Financial Contact training is mandatory and held separately

Requirements - Training

Full Access versus View Only Access

System Access is limited to "View Only" until training is completed


FB FAIRBANKS LLC
Welcome, [redacted] (Logout)
[redacted]
Dashboard
Participant List
Time Study Sample
MAC Financial Submission
Manage
Manage Contacts
Manage Training Status

FY2013 -- Tri-County MHMR Services
RMTS Contact Trainings

Filters: FY2013 | [redacted] | RMTS Contact Trainings | All Users | Confirm

Preparers Available for Hire

Actions	FB User Id	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Yourself	425947	[redacted]	[redacted]	[redacted]	Yes	Full Access to PL and TS	RMTS 2013 - MH-IID Refresher (Webinar 2012-09-06, 08:30:00-11:00:00 Austin, TX)	FY2013	No Change to Yes
Make View-only	440053	[redacted]	[redacted]	[redacted]	Yes	Full Access to PL and TS	RMTS 2013 - MHMR Refresher (Webinar 2012-08-09, 08:30:00-11:00:00 Austin, TX)	FY2013	No
Primary	425945	[redacted]	[redacted]	[redacted]	Yes	Full Access to PL and TS	RMTS 2013 - MHMR Refresher (Webinar 2012-08-09, 08:30:00-11:00:00 Austin, TX)	FY2013	No
Not Trained	440049	[redacted]	[redacted]	[redacted]	No	No Access to PL and TS			
Not Trained	425647	[redacted]	[redacted]	[redacted]	No	No Access to PL and TS			
Not Trained	440051	[redacted]	[redacted]	[redacted]	No	No Access to PL and TS			

* Choosing "Yes" means that you authorize the release of your name and contact information to the general public as someone who is willing to be hired to provide contract services to others.
NOTE: You must have attended training for the relevant period and role type in order to select "Yes". Neither HHSC nor Fairbanks will endorse an individual's capabilities to provide the contract service.

RMTS Information

RMTS Information Website (TX - HHSC)

MAC Information

MAC Information Website (TX - HHSC)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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STAIRS Contacts

- Entity Contacts
  - Chief Executive Officer (CEO)
  - RMTS Contacts
  - MAC Financial Contacts

- Time Study Participants
- Health and Human Services Commission
- HHSC Contractor
  - Fairbanks LLC
    - Technical Support
    - Central Coding Staff

Chief Executive Officer (CEO)

- Must be designated as a contact in STAIRS. Username and password will be provided via E-mail
- Has the ability to add “Primary” RMTS contact

Primary RMTS Contact can add Secondary Contacts

When a Primary or Secondary RMTS contact is added, it automatically generates an e-mail containing their username and password

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RMTS Contact

- Must be an employee of ISD or its designee
  - Primary RMTS Contact must be an employee of MH-IDD
  - MH-IDD assumes all responsibility for designee’s actions/non-actions
- Ensure all contact information is current and accurate
- Must attend annual training provided by HHSC
- Verify and update quarterly Participant List
- Monitors and adjusts selected participant start times
- Provides RMTS training to sampled participants
- Provides ongoing technical assistance to participants
- Ensure MH-IDD compliance with 85% required response rate
  - Receives weekly list of participants that did not respond to their moments (document reason for missed moments)
- Contact can enter paid and unpaid time off for the selected participants when they are unavailable

RMTS Contact (con't)

- Time study participants who are absent at the time of their selected moment but will return within 5 business days, should complete the moment.
- The RMTS Contact will need to respond to the moment as "paid or unpaid" leave if the participant will not return within 5 business days.
- If a position is Vacant, the RMTS Contact should respond to the moment as "unpaid" leave. If a position has been filled, the selected moment should be forwarded to the new employee for response.
- If the position is filled after the 3 day notification has been e-mailed to the vacant position or the employee previously in that position, the new employee will have to use the username and password provided on the 3 day notification
- Because this is a STATEWIDE time study sample if you have an employee (contractor or regular) that has been selected for a moment but is working for another MH-IDD at the time of their moment they still respond to the moment what they were doing

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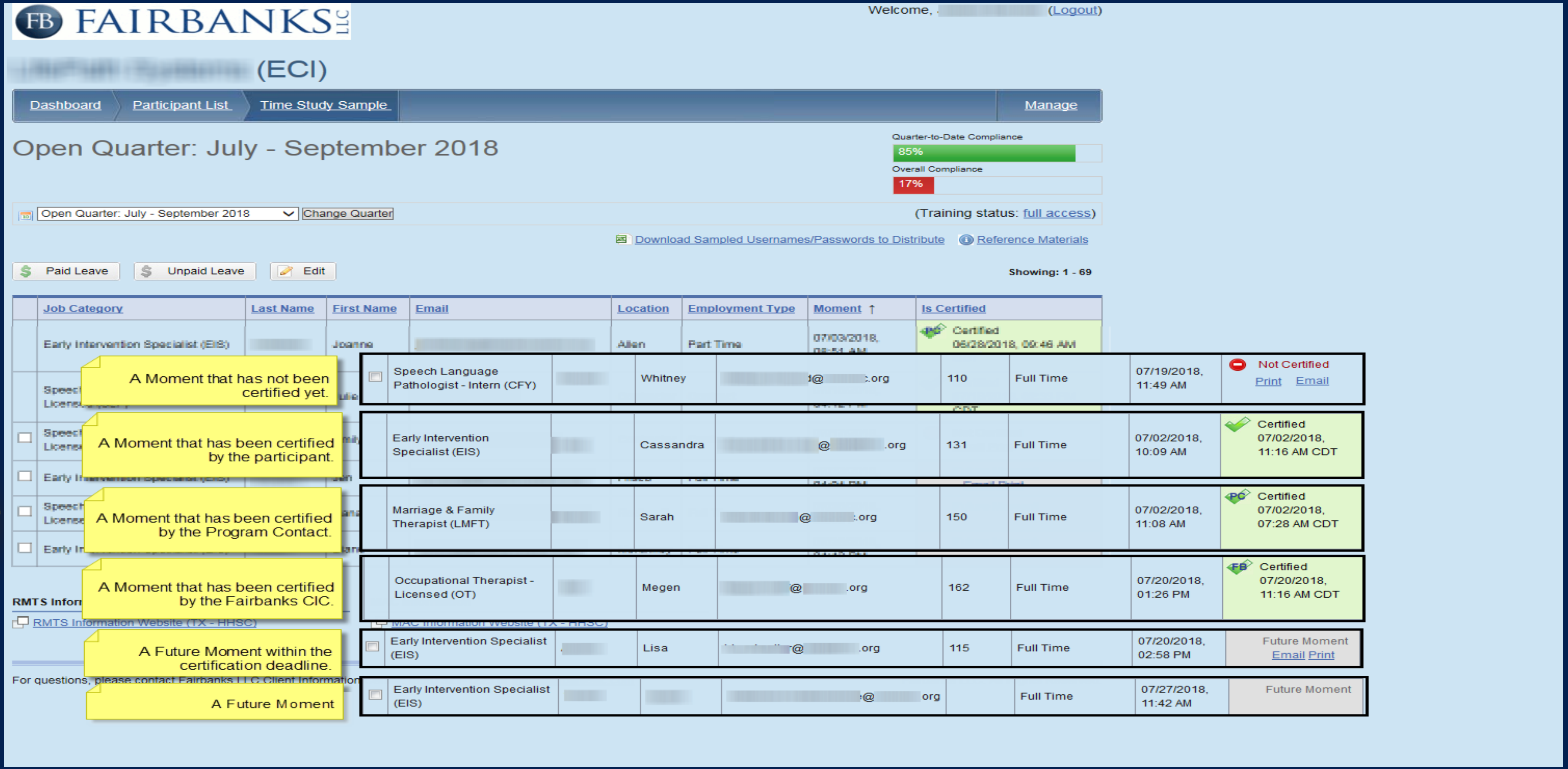
Manage Time Study Sample



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Welcome, [redacted] (Logout)

[redacted] (ECI)

Open Quarter: July - September 2018

Quarter-to-Date Compliance 85%

Overall Compliance 17%

Open Quarter: July - September 2018 Change Quarter

(Training status: full access)

Download Sampled Usernames/Passwords to Distribute

Reference Materials

Showing: 1 - 69

	Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	Is Certified
	Early Intervention Specialist (EIS)	[redacted]	Joanne	[redacted]	Allen	Part Time	07/03/2018,	PC Certified 06/28/2018, 09:46 AM
☐	Speech Language Pathologist - Intern (CFY)	[redacted]	Whitney	[redacted]@[redacted].org	110	Full Time	07/19/2018, 11:49 AM	Not Certified Print Email
	Early Intervention Specialist (EIS)	[redacted]	Cassandra	[redacted]@[redacted].org	131	Full Time	07/02/2018, 10:09 AM	✓ Certified 07/02/2018, 11:16 AM CDT
	Marriage & Family Therapist (LMFT)	[redacted]	Sarah	[redacted]@[redacted].org	150	Full Time	07/02/2018, 11:08 AM	PC Certified 07/02/2018, 07:28 AM CDT
	Occupational Therapist - Licensed (OT)	[redacted]	Megen	[redacted]@[redacted].org	162	Full Time	07/20/2018, 01:26 PM	FB Certified 07/20/2018, 11:16 AM CDT
☐	Early Intervention Specialist (EIS)	[redacted]	Lisa	[redacted]@[redacted].org	115	Full Time	07/20/2018, 02:58 PM	Future Moment Email Print
☐	Early Intervention Specialist (EIS)	[redacted]	[redacted]	[redacted]@[redacted]org		Full Time	07/27/2018, 11:42 AM	Future Moment

A Moment that has not been certified yet.

A Moment that has been certified by the participant.

A Moment that has been certified by the Program Contact.

A Moment that has been certified by the Fairbanks CIC.

A Future Moment within the certification deadline.

A Future Moment

RMTS Infor

RMTS Information Website (TX - HHSC)

MAC Information Website (TX - HHSC)

For questions, please contact Fairbanks LLC Client Information

Time Study Participant

Time Study Participant must:

- Must answer the following to document the sampled moment:
  - What were you doing?
  - Why were you doing it?
  - What other services?
  - Where do they reside?
- Must attend annual training provided by trained RMTS Contact
- Participant notified of moment 3 days in advance
- Enter response within 5 business days of moment
- Reminders sent to participants via e-mail at 24, 48, & 72 hrs.

  Primary RMTS Contact copied on the 72 hour reminder
- Failure to enter the information will disqualify the moment
- Respond to follow-up questions from coders within 3 business days from receipt of e-mail.

  Primary RMTS Contact will be copied on the e-mail

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HHSC – Time Study Unit

- Provides RMTS support and guidance
- Provides training to RMTS Contacts
- Provides training to Central Coders
- Works with appropriate federal agencies to design and implement programs
- Conducts ongoing program review to include:
  - Time Study results
  - Compliance with training requirements
  - Documentation compliance
- Sends out the non-compliance notification letters

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Central Coders

- Receives training from HHSC on activity codes
- Review the participant’s response for the sampled moment
- Assigns activity code using uniform time study codes
- When additional information is needed they must obtain clarifying information from time study participants via follow-up e-mail within 3 business days of request.
- Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance

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Technical Support

- Contracted by HHSC to operate and administer the web-based RMTS system
- Assist in annual training for RMTS Contacts
- Ongoing system support
- Send e-mail notification to selected participant 3 days prior to the sampled moment
- Send reminder e-mails for non-response to the sampled moment

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Polling Question

1. If a participant fails to respond to their moment within the 5 business days the RMTS Contact must:

A. Document the reason for the missed moment in STAIRS

B. Report the incident to the participant's supervisor

C. Remove the participant from the PL and exclude from TS

D. All of the above

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Participant List

Agenda

- Development
- Certification
- Who’s In
- Drop Down Options
- System Demonstration

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PL - Development

- At the beginning of each quarter only the trained RMTS Contact provides in STAIRS a comprehensive list of staff eligible to participate in the RMTS.
- Once PL is closed you cannot add/delete a participant nor change position/function category.
- Every time the PL is updated, it is also certified.

  The RMTS Contact must open the PL and click the "certify the PL" button prior to the deadline, even if there are no changes to the participant list from the previous quarter.

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PL - Development

- An accurate PL is a critical part for ensuring eligibility for MAC

  If an MH-IDD does not update/certify its PL by the deadline:

  They are ineligible to submit a MAC claim for that quarter

- Reminder e-mails will be sent only to those MH-IDDs that have not certified their PL.
- The PL provides a basis to identify the positions that may be included in the MAC claim

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PL - Development

Vacant Positions

Inconsistent implementation from year to year and entity to entity

- Only the vacant position(s) the MH-IDD anticipates filling during the quarter should be included on the PL
- Should be reviewed and edited each quarter before the PL closes
- Loading the PL with vacant positions limits the opportunity for the selected moment to be a reimbursable response
- RMTS Contact responds to the moment as paid/unpaid leave
- Excess ultimately lowers the RMTS percentage across the State

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PL - Development

Duplicate Positions - What To Do???

- Identify and Remove from PL
- If more than one job function is performed by the participant, only include it once on the PL in the category/function performed majority of the time.
- Email(s) will be sent to those entities identified as having possible duplicate entries.
- HHSC trained RMTS Contact will be responsible for removing duplicate entries prior to the PL close date.

To remove duplicates from the PL do the following:

Export your PL to Excel. Choose the column of data (e.g. address, external ID) that may have duplicates. Highlight that column and choose the "conditional formatting" option. You'll see an option there to "highlight duplicate values"

It's easy to identify and remove any duplicates.

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PL - Who's In???

Participant List includes:

- Staff who perform MAC activities:
  - Regular duties on a weekly basis
  - Regular Staff
  - Federally funded employees
- Contractors (including all positions) who are not employees of the entity but provide services for entity.
  - For one position being filled by multiple contractors, it should be listed as one position on PL
  - For multiple positions filled by one or more contractors, then each position should be listed on PL.
- Vacant positions that are anticipated to be filled (with reasonably certainty) during the quarter.

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PL - Drop Down Options

Administrative Personnel

Direct Care Personnel

Other personnel with client/consumer contact

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PL - Drop Down Options

Administrative Personnel

- Contract management
- Director / manager / supervisor
- External / public relations
- Quality assurance / management
- Utilization management / service authorization
- Other administrative positions

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PL - Drop Down Options

Direct Care Personnel

- Case management / service coordination
- Continuity of care
- Client / consumer supervision
- Counseling / psychological services
- Habilitation / rehabilitation / skills training
- Licensed medical personnel
- Other client / consumer service

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PL - Drop Down Options

Other Personnel with client/consumer contact

- Benefits assistance / eligibility
- Client / consumer rights
- Enrollment / intake / service eligibility
- Hotline / information line/ screening
- Transportation / van driver
- Other client / consumer support

PL - System Demonstration

Demonstration of RMTS online system:

- Participant List Development
- Managing Contacts
- Designating “Willing to Hire Out”
- Training Tracking
- Time Study Sample
- Adjusting Variable Start Time
- Monitoring Response Completion
- Documenting non-response

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Polling Questions

2. If a participant performs more than one job function for your MH-IDD place them on the PL for each function they perform

A. True
B. False

3. If Mr. Lopez has resigned and Ms. Cortez has replaced him and both are SLP should the RMTS Contact update the PL with Ms. Cortez?

A. True
B. False

Polling Question

4. Which of the following **IS NOT** a requirement for Random Moment Time Study participation?

A. Certify the Participant List (PL) for each quarter

B. Have an “active” Texas Provider Identifier (TPI)

C. To meet the mandatory training requirements quarterly

D. Maintain the 85% response rate for selected moments

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Time Study Moment - General

Total pool of moments calculation:

(work days in quarter) x (work hours each day) x (60) x (# of participants)

Time study “moments” are randomly selected throughout the entire quarter

A time study “moment” represents one minute at the selected time

If a participant is sampled for a “moment,” their only responsibility is to document what they were doing at that precise minute

Some options have “hover-over” and/or “question marks” ?

that provide additional information that helps the participant make the best selection

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Polling Questions

5. If a selected participant is no longer working at the MH-IDD and no one has filled the position, the RMTS Contact should:

A. Respond to the moment as paid leave
B. Respond to the moment as unpaid leave
C. Edit the moment & change the participant name to “Vacant”
D. Both B & C

6. A RMTS Contact with "View Only" access can respond to a moment when the participant can't complete the moment in the 5 days

A. True
B. False

RMTS Participant Moment

Demonstration of RMTS online system:

- Sampling and Notification
- Participant Questions
- System Demonstration
- Moment Completion

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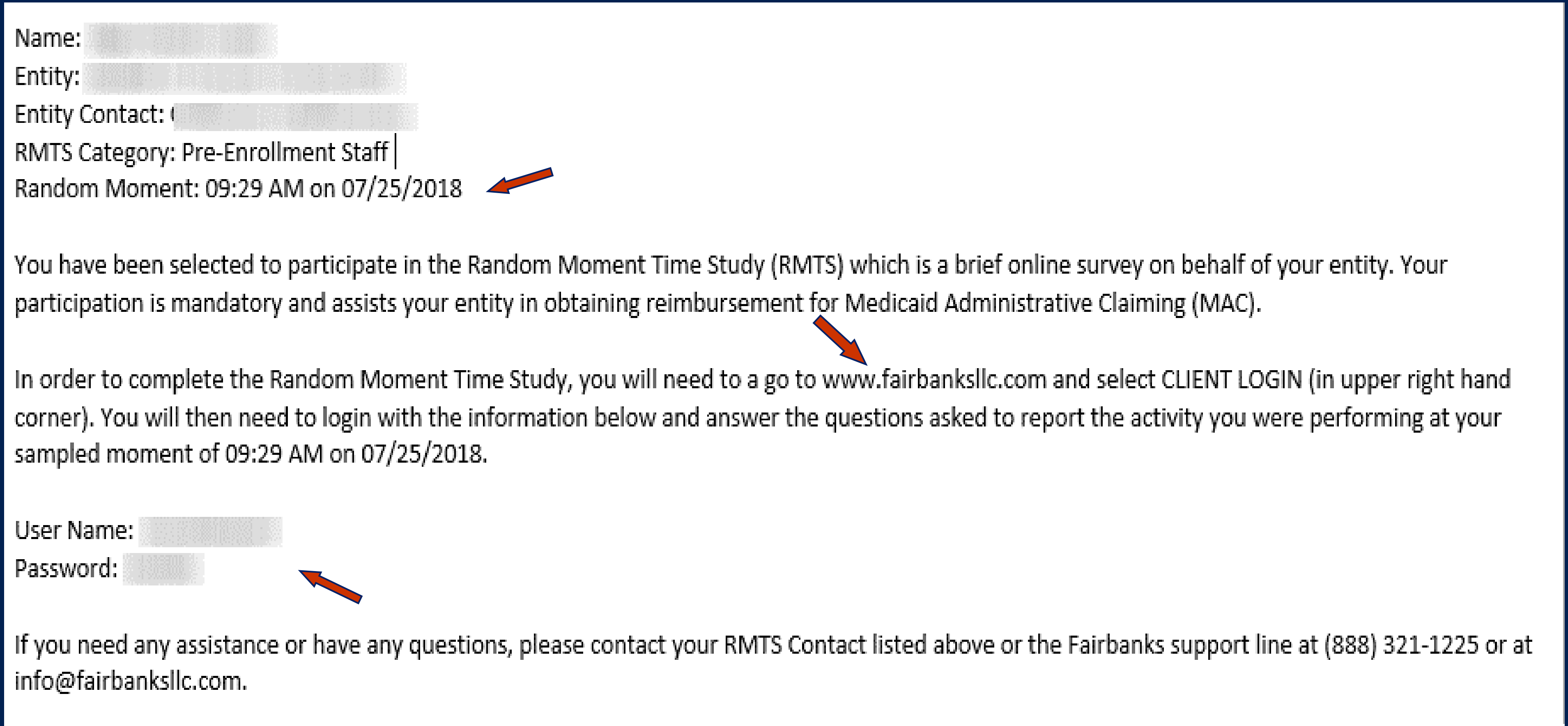
Moment – Notification Example

E-mail sent to selected participants



Name: [redacted]
Entity: [redacted]
Entity Contact: [redacted]
RMTS Category: Pre-Enrollment Staff
Random Moment: 09:29 AM on 07/25/2018

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your entity. Your participation is mandatory and assists your entity in obtaining reimbursement for Medicaid Administrative Claiming (MAC).

In order to complete the Random Moment Time Study, you will need to a go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer the questions asked to report the activity you were performing at your sampled moment of 09:29 AM on 07/25/2018.

User Name: [redacted]
Password: [redacted]

If you need any assistance or have any questions, please contact your RMTS Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.

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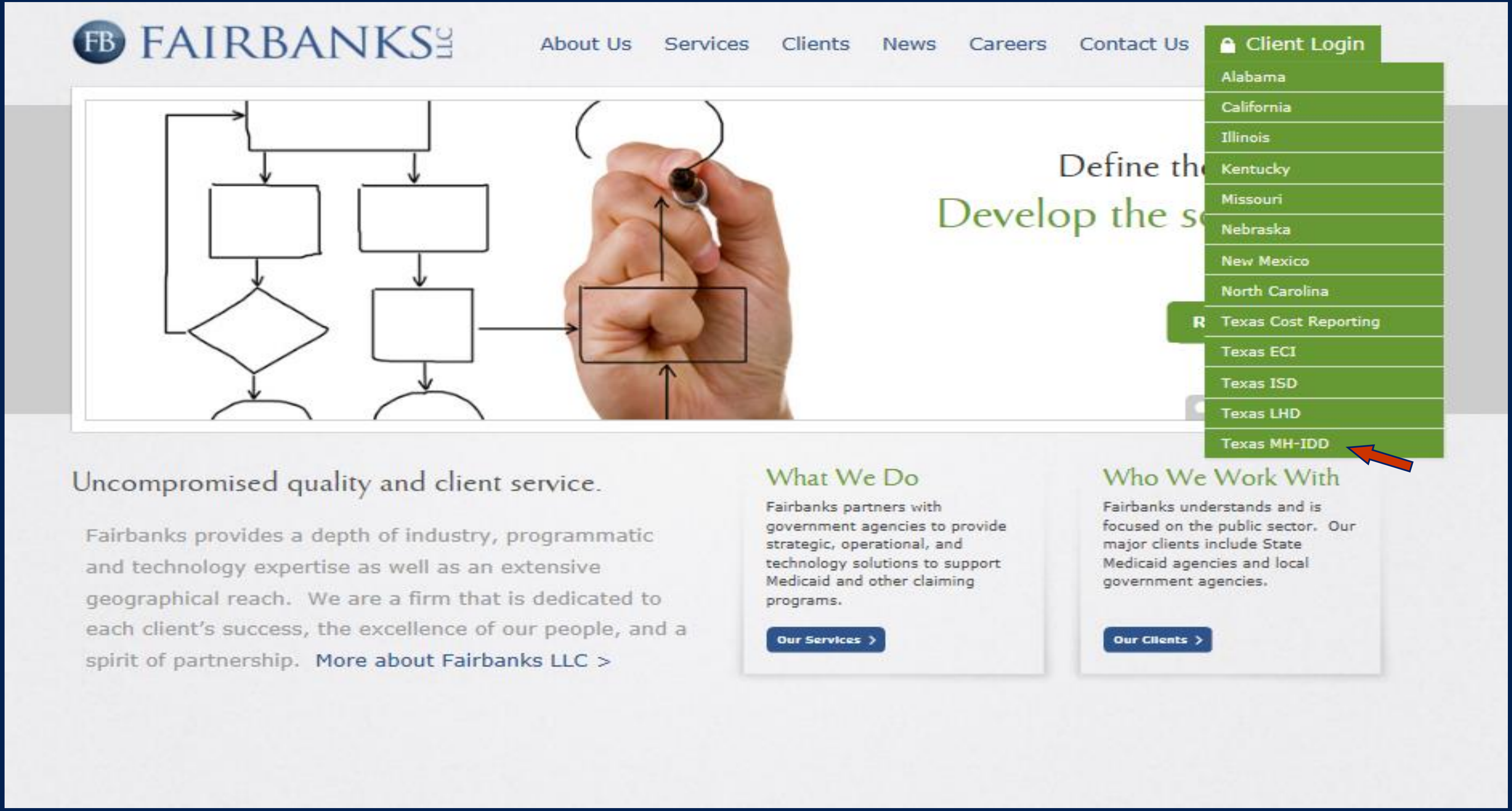
Moment – Web Page Screen

www.fairbanksllc.com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California
Illinois
Kentucky
Missouri
Nebraska
New Mexico
North Carolina
Texas Cost Reporting
Texas ECI
Texas ISD
Texas LHD
Texas MH-IDD
Define th
Develop the s
R
Our Services
Our Clients

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. More about Fairbanks LLC >

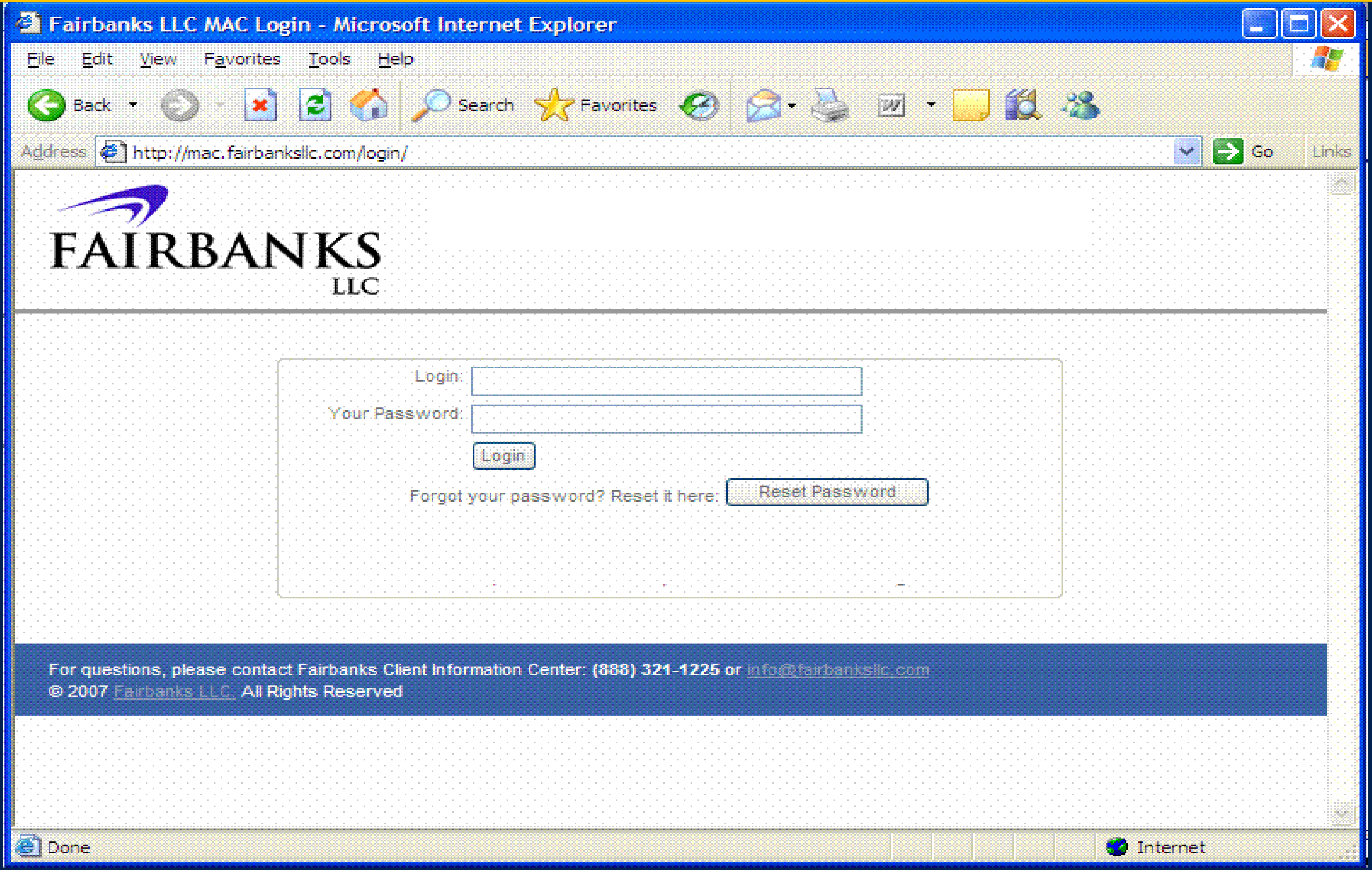
What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

Moment – Login Screen



Fairbanks LLC MAC Login - Microsoft Internet Explorer

Address http://mac.fairbanksllc.com/login/

Login:

Your Password:

Forgot your password? Reset it here:

For questions, please contact Fairbanks Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Internet

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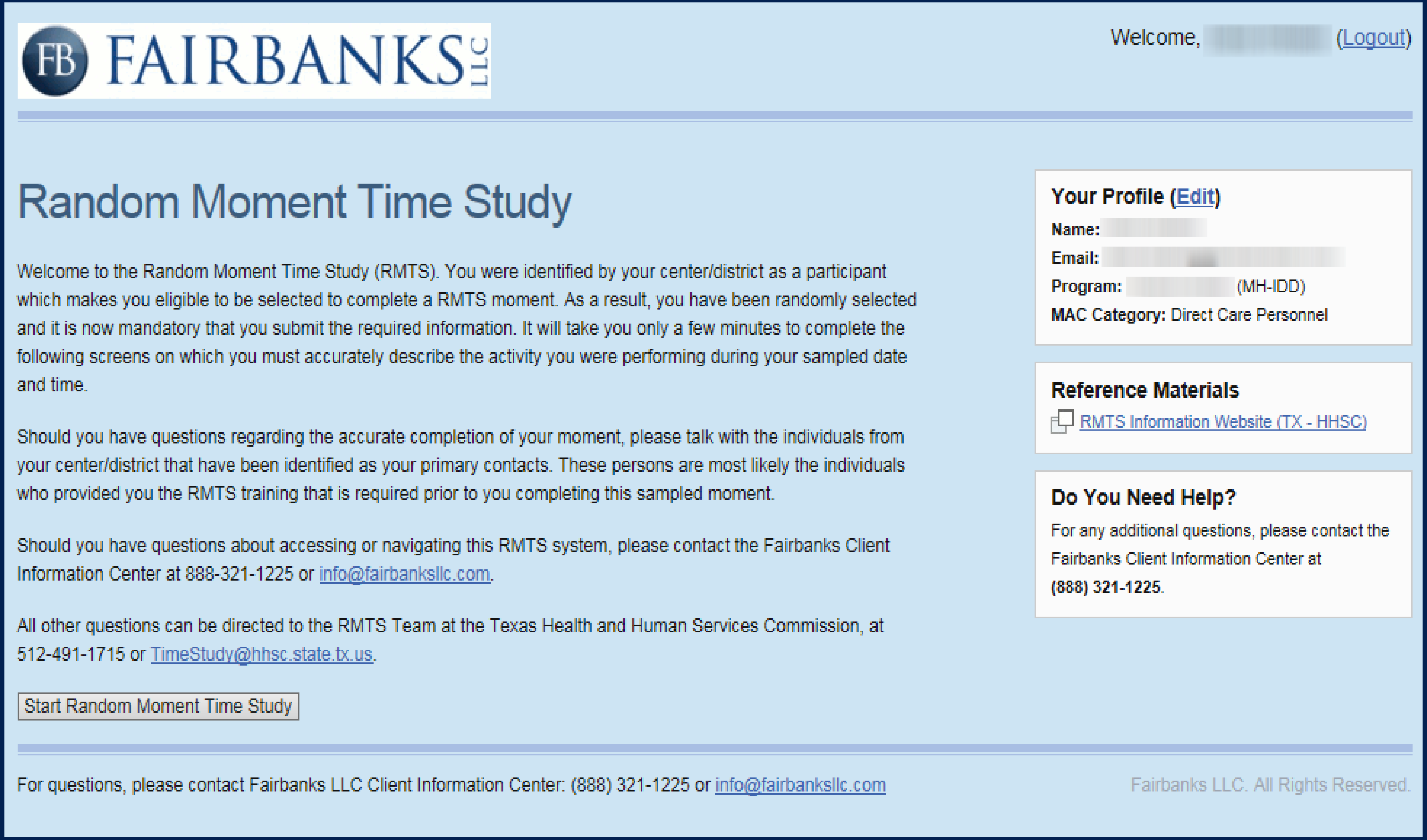
Moment – Welcome Screen



Welcome, [redacted] (Logout)

Random Moment Time Study

Welcome to the Random Moment Time Study (RMTS). You were identified by your center/district as a participant which makes you eligible to be selected to complete a RMTS moment. As a result, you have been randomly selected and it is now mandatory that you submit the required information. It will take you only a few minutes to complete the following screens on which you must accurately describe the activity you were performing during your sampled date and time.

Should you have questions regarding the accurate completion of your moment, please talk with the individuals from your center/district that have been identified as your primary contacts. These persons are most likely the individuals who provided you the RMTS training that is required prior to you completing this sampled moment.

Should you have questions about accessing or navigating this RMTS system, please contact the Fairbanks Client Information Center at 888-321-1225 or info@fairbanksllc.com.

All other questions can be directed to the RMTS Team at the Texas Health and Human Services Commission, at 512-491-1715 or TimeStudy@hhsc.state.tx.us.

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted] (MH-IDD)
MAC Category: Direct Care Personnel

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at **(888) 321-1225**.

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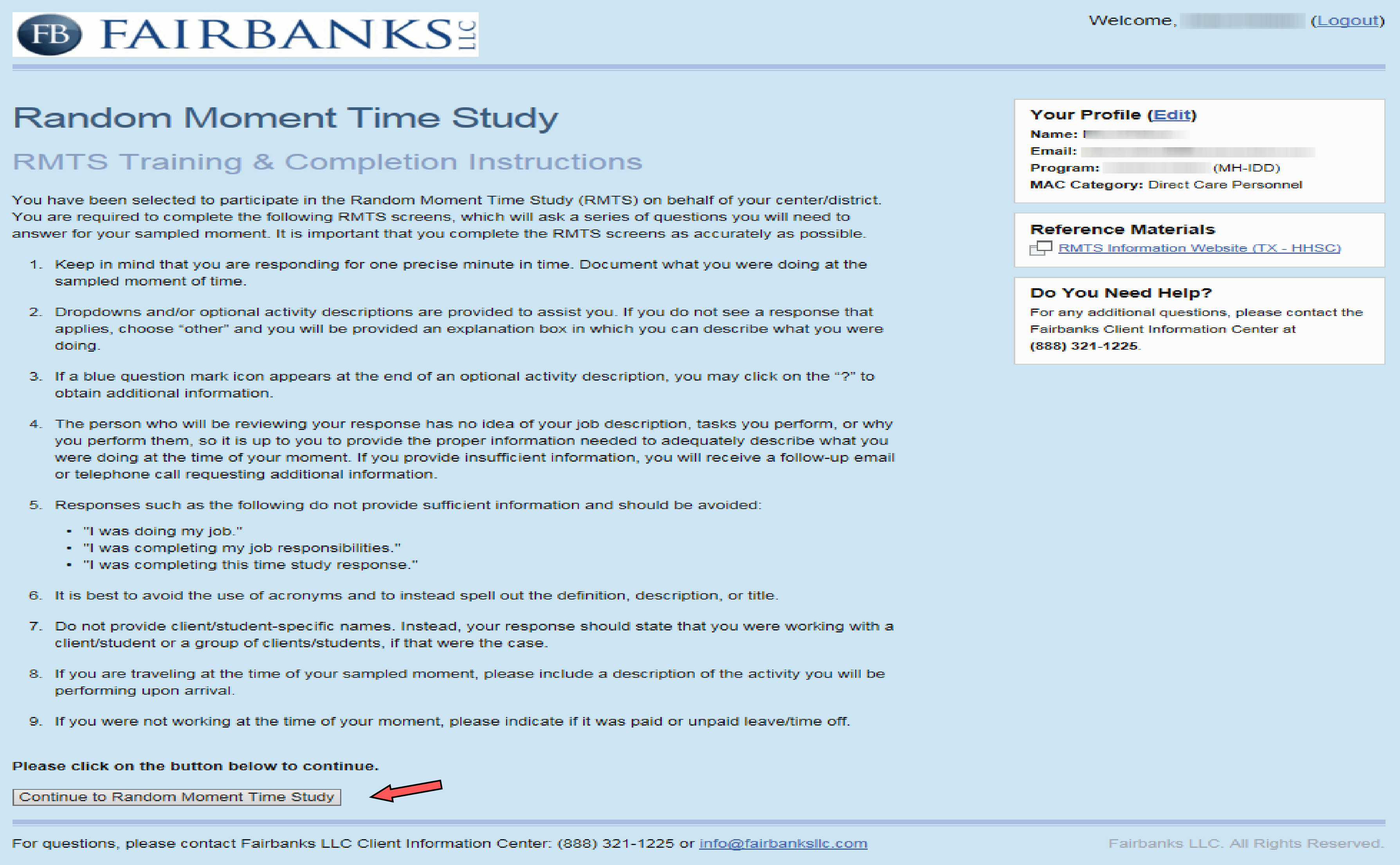
Moment – Instruction Screen



Welcome, [redacted] (Logout)

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study (RMTS) on behalf of your center/district. You are required to complete the following RMTS screens, which will ask a series of questions you will need to answer for your sampled moment. It is important that you complete the RMTS screens as accurately as possible.

1. Keep in mind that you are responding for one precise minute in time. Document what you were doing at the sampled moment of time.
2. Dropdowns and/or optional activity descriptions are provided to assist you. If you do not see a response that applies, choose "other" and you will be provided an explanation box in which you can describe what you were doing.
3. If a blue question mark icon appears at the end of an optional activity description, you may click on the "?" to obtain additional information.
4. The person who will be reviewing your response has no idea of your job description, tasks you perform, or why you perform them, so it is up to you to provide the proper information needed to adequately describe what you were doing at the time of your moment. If you provide insufficient information, you will receive a follow-up email or telephone call requesting additional information.
5. Responses such as the following do not provide sufficient information and should be avoided:
   - "I was doing my job."
   - "I was completing my job responsibilities."
   - "I was completing this time study response."
6. It is best to avoid the use of acronyms and to instead spell out the definition, description, or title.
7. Do not provide client/student-specific names. Instead, your response should state that you were working with a client/student or a group of clients/students, if that were the case.
8. If you are traveling at the time of your sampled moment, please include a description of the activity you will be performing upon arrival.
9. If you were not working at the time of your moment, please indicate if it was paid or unpaid leave/time off.

Please click on the button below to continue.

Your Profile (Edit)

Name: [redacted]

Email: [redacted]

Program: [redacted] (MH-IDD)

MAC Category: Direct Care Personnel

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at **(888) 321-1225**.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Moment – Questions?

WHAT were you doing?

WHY were you doing it?

WHAT other services?

WHERE do they reside?

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Moment – System Demonstration

Participants' Moment Demonstration

How Sample Participant's respond to their time study moment

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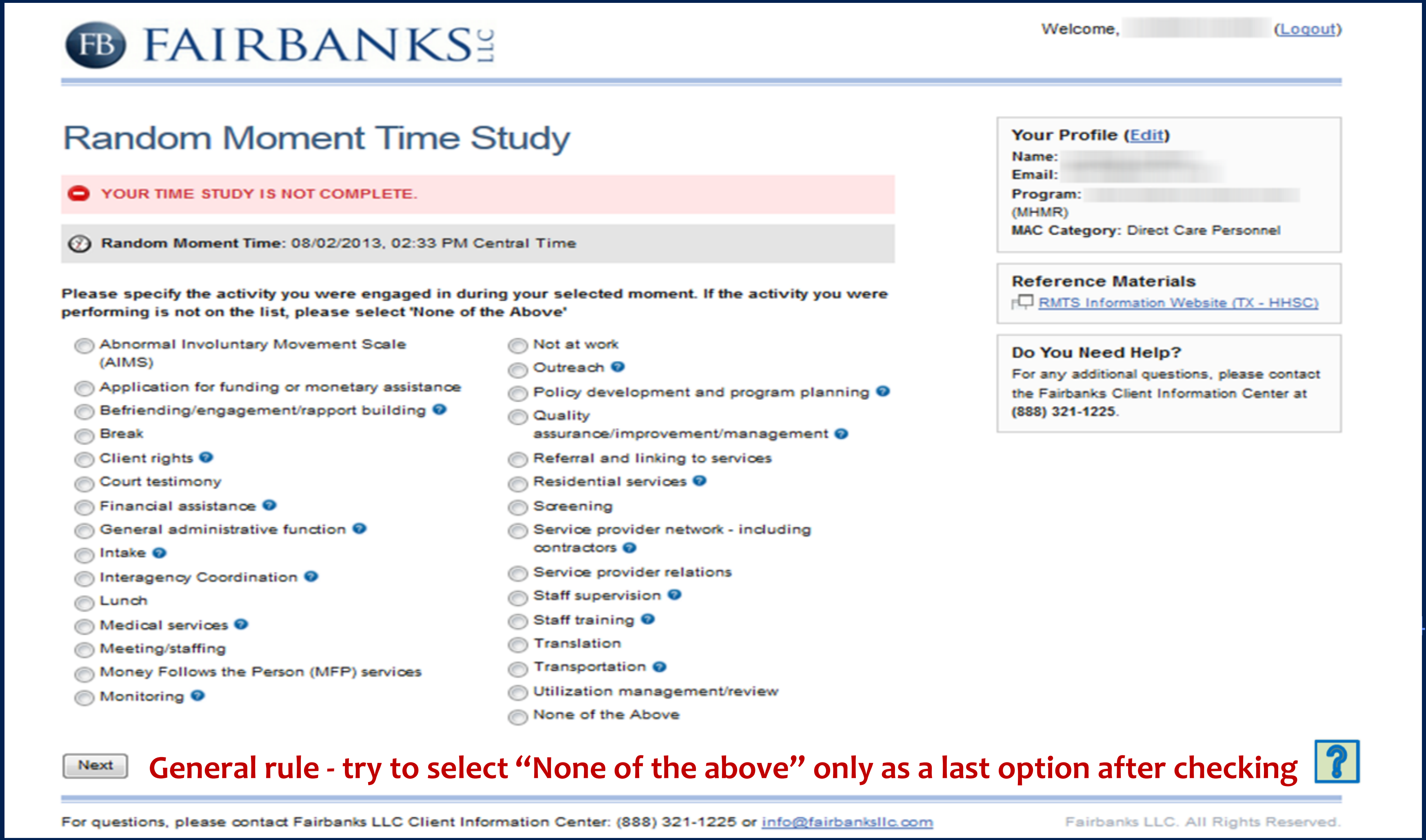
Response – Question 1

Most participants will find their activity in one of these drop downs



Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'

- ○ Abnormal Involuntary Movement Scale (AIMS)
- ○ Application for funding or monetary assistance
- ○ Befriending/engagement/rapport building
- ○ Break
- ○ Client rights
- ○ Court testimony
- ○ Financial assistance
- ○ General administrative function
- ○ Intake
- ○ Interagency Coordination
- ○ Lunch
- ○ Medical services
- ○ Meeting/staffing
- ○ Money Follows the Person (MFP) services
- ○ Monitoring
- ○ Not at work
- ○ Outreach
- ○ Policy development and program planning
- ○ Quality assurance/improvement/management
- ○ Referral and linking to services
- ○ Residential services
- ○ Screening
- ○ Service provider network - including contractors
- ○ Service provider relations
- ○ Staff supervision
- ○ Staff training
- ○ Translation
- ○ Transportation
- ○ Utilization management/review
- ○ None of the Above

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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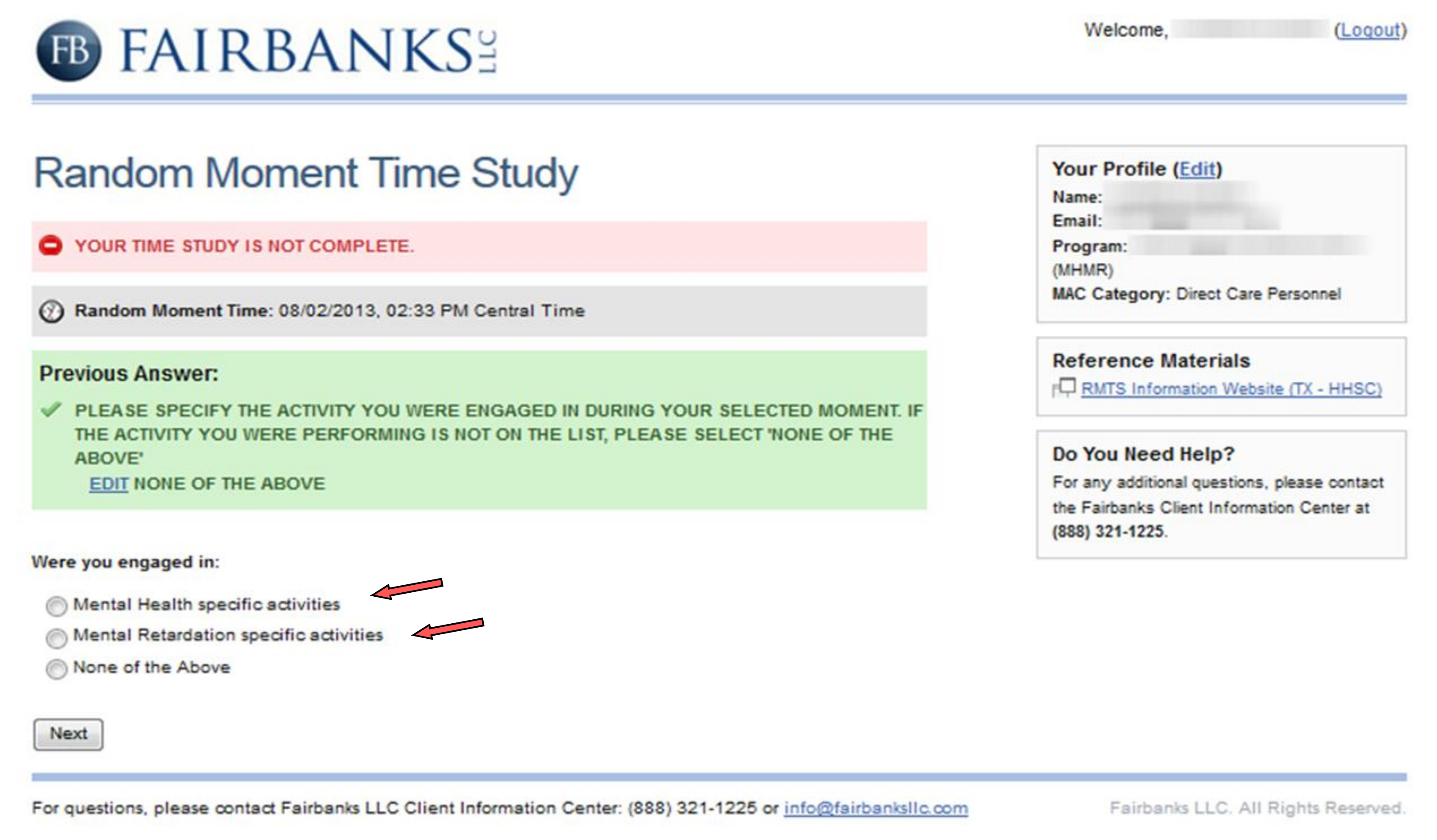
General rule - try to select "None of the above" only as a last option after checking

TEXAS
Health and Human Services

Response – Question 1

If "None of the Above" is selected



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'

EDIT NONE OF THE ABOVE

Were you engaged in:

○ Mental Health specific activities

○ Mental Retardation specific activities

○ None of the Above

Next

Your Profile (Edit)

Name: [redacted]

Email: [redacted]

Program: [redacted]

(MHMR)

MAC Category: Direct Care Personnel

Reference Materials

RMTS Information Website (TX - HHSC)

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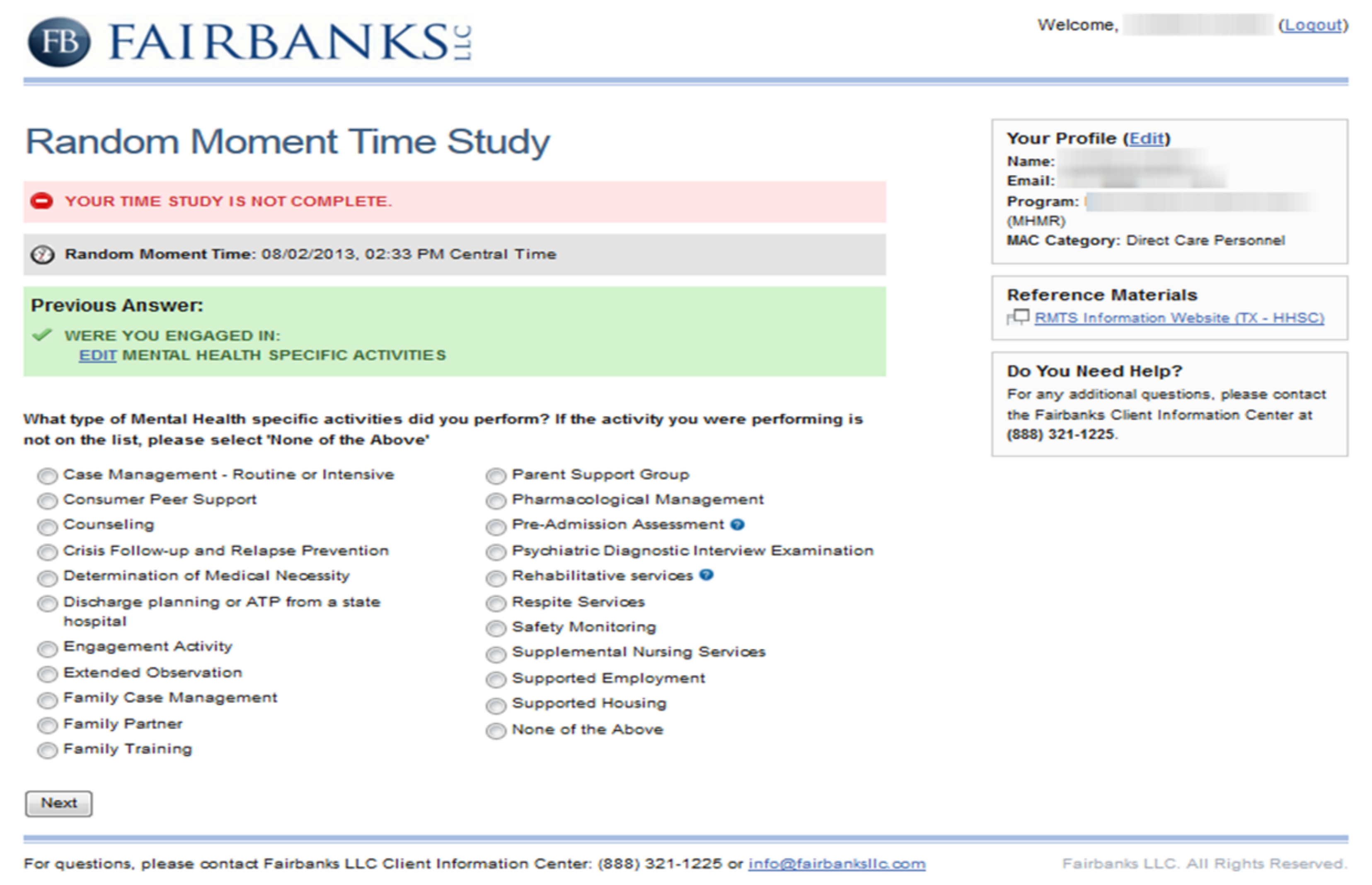
TEXAS
Health and Human Services

Mental Health Specific Response



Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ WERE YOU ENGAGED IN:
EDIT MENTAL HEALTH SPECIFIC ACTIVITIES

What type of Mental Health specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

○ Case Management - Routine or Intensive
○ Consumer Peer Support
○ Counseling
○ Crisis Follow-up and Relapse Prevention
○ Determination of Medical Necessity
○ Discharge planning or ATP from a state hospital
○ Engagement Activity
○ Extended Observation
○ Family Case Management
○ Family Partner
○ Family Training
○ Parent Support Group
○ Pharmacological Management
○ Pre-Admission Assessment
○ Psychiatric Diagnostic Interview Examination
○ Rehabilitative services
○ Respite Services
○ Safety Monitoring
○ Supplemental Nursing Services
○ Supported Employment
○ Supported Housing
○ None of the Above

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted] (MHMR)
MAC Category: Direct Care Personnel

Reference Materials
RMTS Information Website (TX - HHSC)

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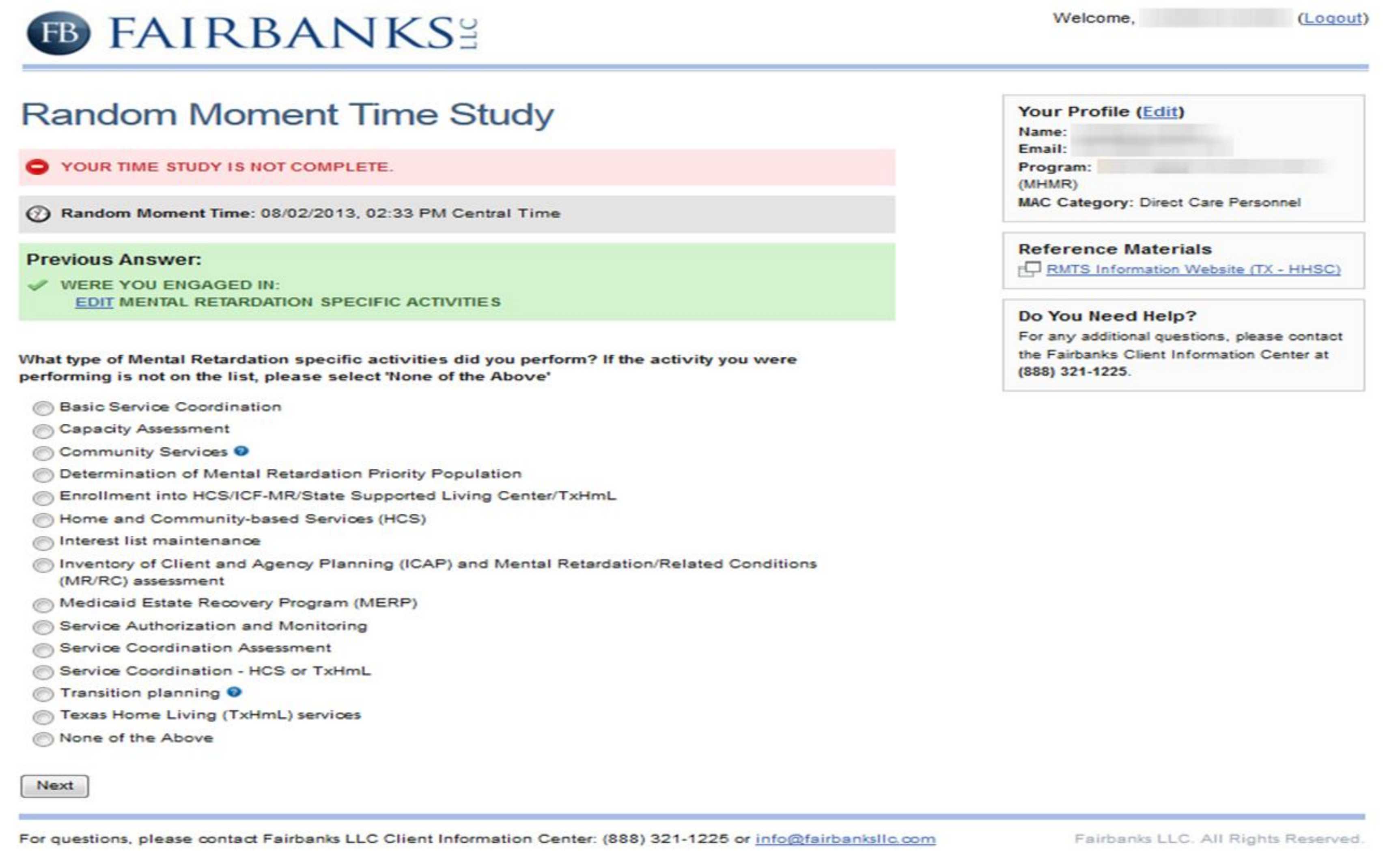
TEXAS
Health and Human Services

IDD Specific Response



Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ WERE YOU ENGAGED IN:
EDIT MENTAL RETARDATION SPECIFIC ACTIVITIES

What type of Mental Retardation specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- ○ Basic Service Coordination
- ○ Capacity Assessment
- ○ Community Services
- ○ Determination of Mental Retardation Priority Population
- ○ Enrollment into HCS/ICF-MR/State Supported Living Center/TxHmL
- ○ Home and Community-based Services (HCS)
- ○ Interest list maintenance
- ○ Inventory of Client and Agency Planning (ICAP) and Mental Retardation/Related Conditions (MR/RC) assessment
- ○ Medicaid Estate Recovery Program (MERP)
- ○ Service Authorization and Monitoring
- ○ Service Coordination Assessment
- ○ Service Coordination - HCS or TxHmL
- ○ Transition planning
- ○ Texas Home Living (TxHmL) services
- ○ None of the Above

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted] (MHMR)
MAC Category: Direct Care Personnel

Reference Materials
RMTS Information Website (TX - HHSC)

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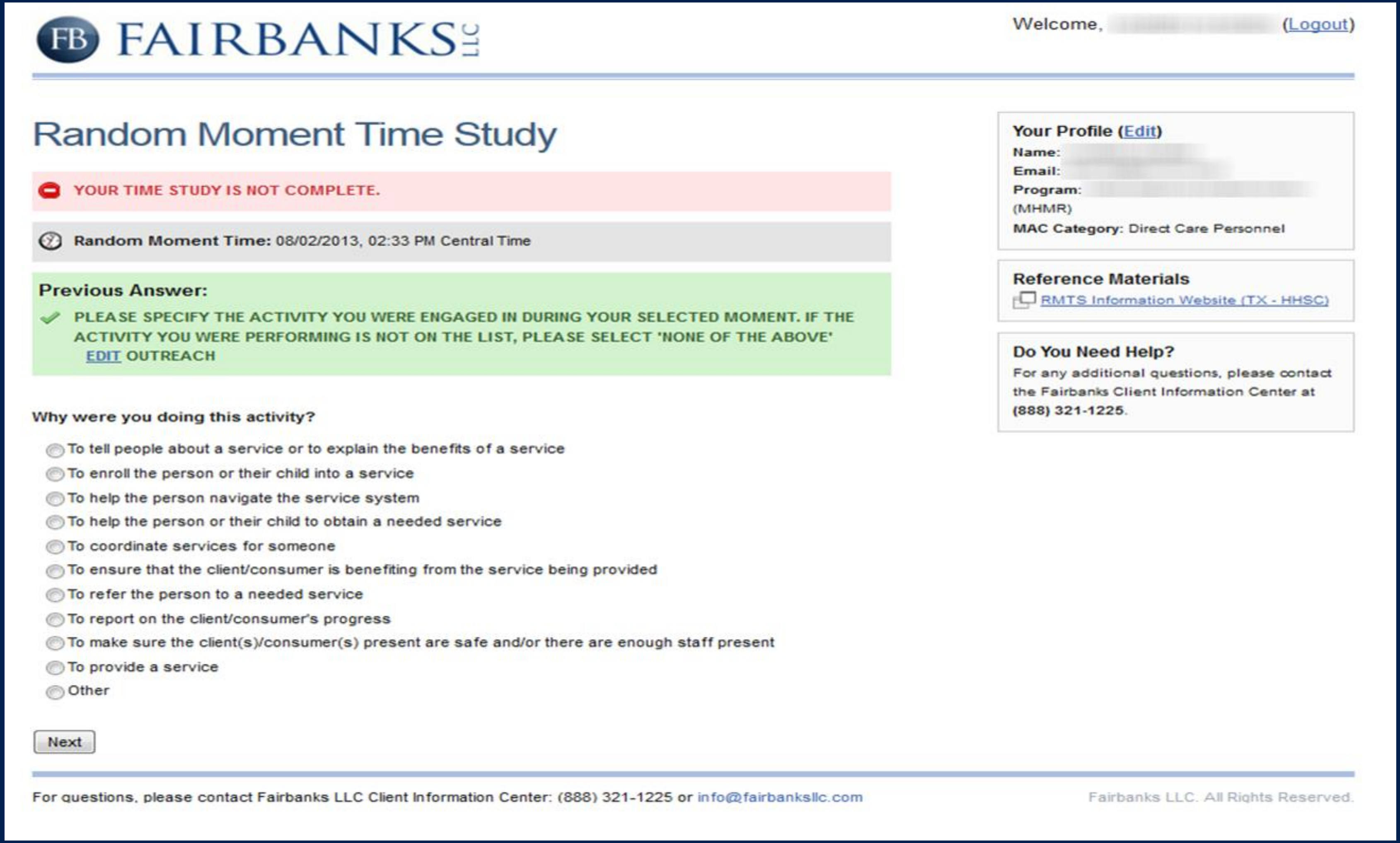
TEXAS
Health and Human Services

Response – Question 2

Why were you doing this activity?



Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'
EDIT OUTREACH

Why were you doing this activity?

- ○ To tell people about a service or to explain the benefits of a service
- ○ To enroll the person or their child into a service
- ○ To help the person navigate the service system
- ○ To help the person or their child to obtain a needed service
- ○ To coordinate services for someone
- ○ To ensure that the client/consumer is benefiting from the service being provided
- ○ To refer the person to a needed service
- ○ To report on the client/consumer's progress
- ○ To make sure the client(s)/consumer(s) present are safe and/or there are enough staff present
- ○ To provide a service
- ○ Other

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

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Response – Question 2

To tell someone about a service or to explain the benefits of a service

Is the person or their child already receiving services from your agency?

Yes No

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

To enroll the person in a needed service

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

To help the person navigate the service system

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

TEXAS
Health and Human Services

Response – Question 2

To help the person obtain a needed service

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

To coordinate services for someone

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

To ensure the benefit of provided services

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

To refer the person to a needed service

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

TEXAS
Health and Human Services

Response – Question 2

To report on the person's progress

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

To ensure the person's safety and adequate staff

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

To provide a service

Is the recipient or potential recipient under the age of 21?

Yes No

Identify the service (prompts service list)

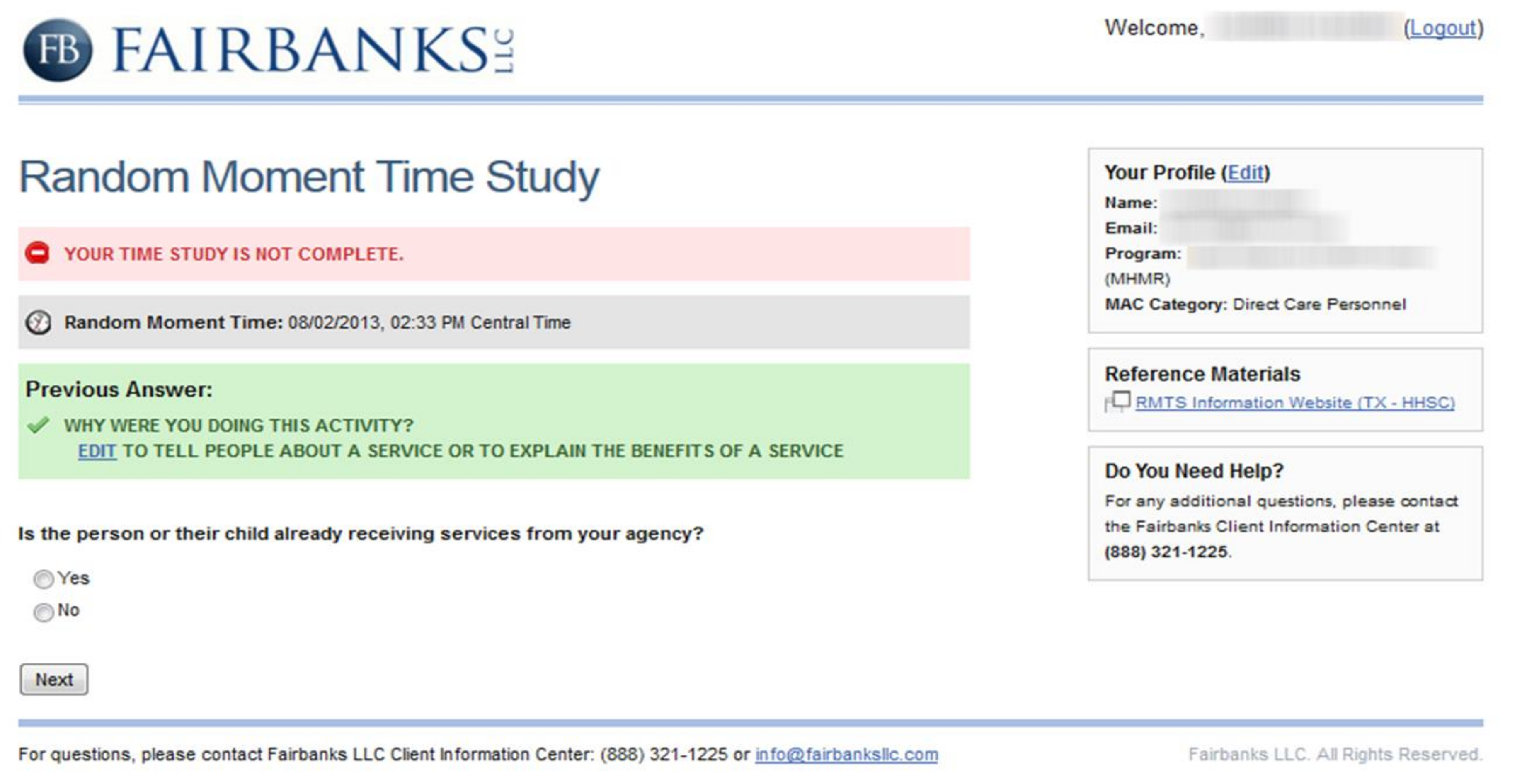
Other (text box)

(Explain why you were performing the activity)

TEXAS
Health and Human Services

Secondary Question

Is the person or their child already receiving services from your agency?



Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ WHY WERE YOU DOING THIS ACTIVITY?
EDIT TO TELL PEOPLE ABOUT A SERVICE OR TO EXPLAIN THE BENEFITS OF A SERVICE

Is the person or their child already receiving services from your agency?

○ Yes
○ No

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
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TEXAS
Health and Human Services

Service List

Academic / GED / school

Assistive technology services/devices

Audiology

Basic Service Coordination

Case Management routine or intensive

Community Living Options information process

Community Services (hover over) respite, employment asst., nursing, day habilitation, vocational training, etc.

Consumer Peer Support

Continuity of Services – IDD

Counseling

Crises Follow-up

Day Activity and Health Services (DAHS)

Day Care

Dental Care

Early Childhood Intervention

Employment/Vocational

Extended Observation

Family Case Management

Family Partner

Family Training

Genetic Counseling

HCS

Head Start

Home Health Care/DMEPOS

Homelessness/PATH

Hospice

Hotline

Housing

ICF-IDD/RC

In Home Family Support

Legal

Medicaid Estate Recovery Program

Inventory of Client & Agency Planning

TEXAS
Health and Human Services

Service List

Medical (hover over) hospital, lab, medication, nursing, physician, x-ray

Nutrition

Occupational Therapy

Parenting classes

Parenting Support Group

Permanency Planning

Physical therapy

Rehabilitation Services (hover over) Crises Intervention, Medication training and support, Psychosocial Rehab, Day programs acute need, Skills training and development

Residential services (hover over) Crises residential treatment, Crises Stabilization Unit, Residential treatment, ICF-IDD/RC, HCS, Family Living, Residential Living, Contracted Specialized Residences

Psychology

Respite

Safety Monitoring

Service Authorization and monitoring

Service Coordination –
HCS or TxHmL

Speech therapy

Substance use, substance abuse, chemical dependency

Supplemental Nursing Services

Supported Employment

Supported Housing

Transportation

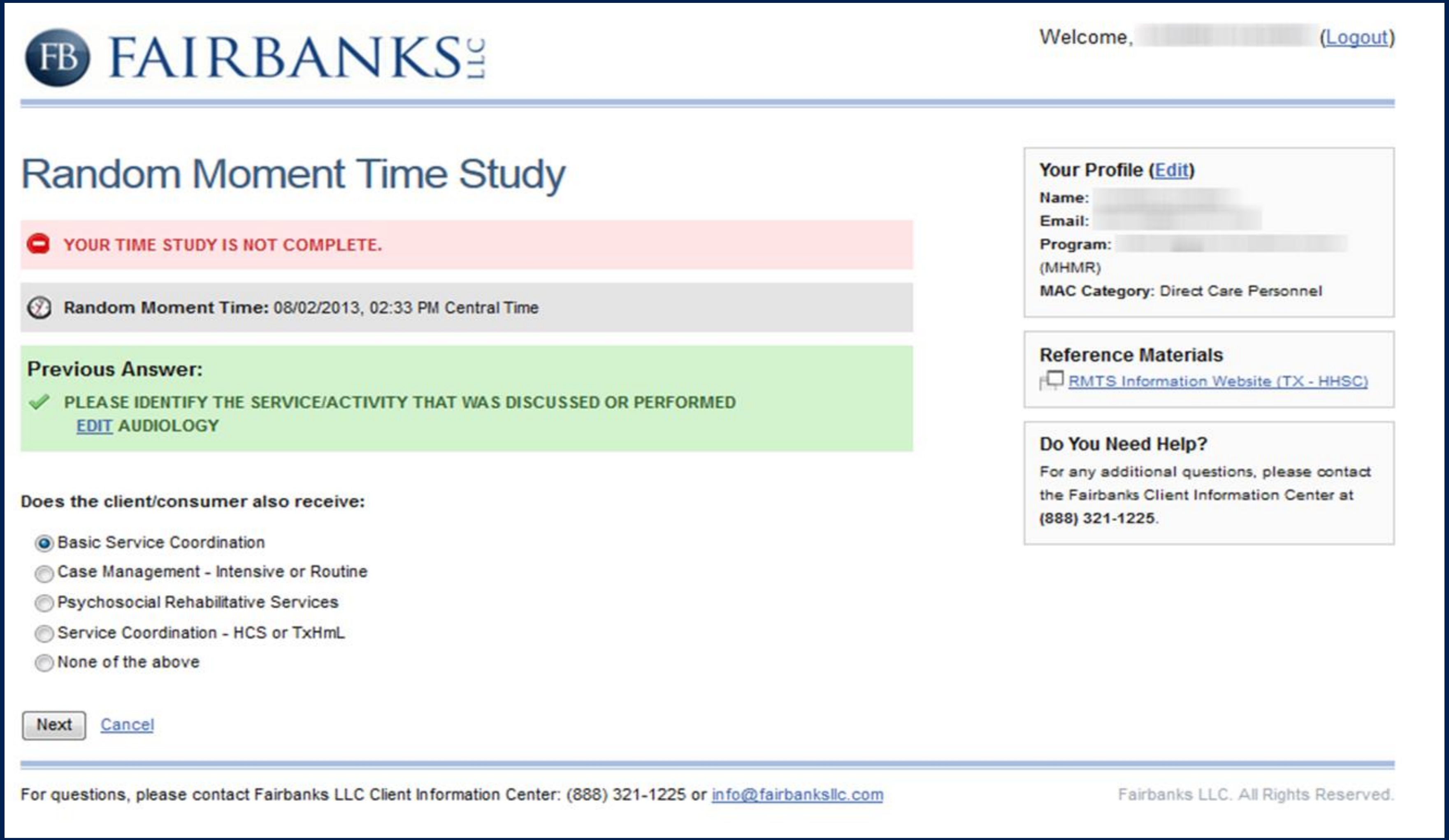
TxHmL

None of the above

TEXAS
Health and Human
Services

Response – Question 3

Does the client/consumer also receive:



Welcome, [redacted]

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ PLEASE IDENTIFY THE SERVICE/ACTIVITY THAT WAS DISCUSSED OR PERFORMED
EDIT AUDIOLOGY

Does the client/consumer also receive:

- ● Basic Service Coordination
- ○ Case Management - Intensive or Routine
- ○ Psychosocial Rehabilitative Services
- ○ Service Coordination - HCS or TxHmL
- ○ None of the above

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

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TEXAS
Health and Human Services

Response – Question 3

Does the client/consumer also receive:

Basic Service Coordination

Yes No

Case Management – Intensive or Routine

Yes No

Psychosocial Rehabilitative Services

Yes No

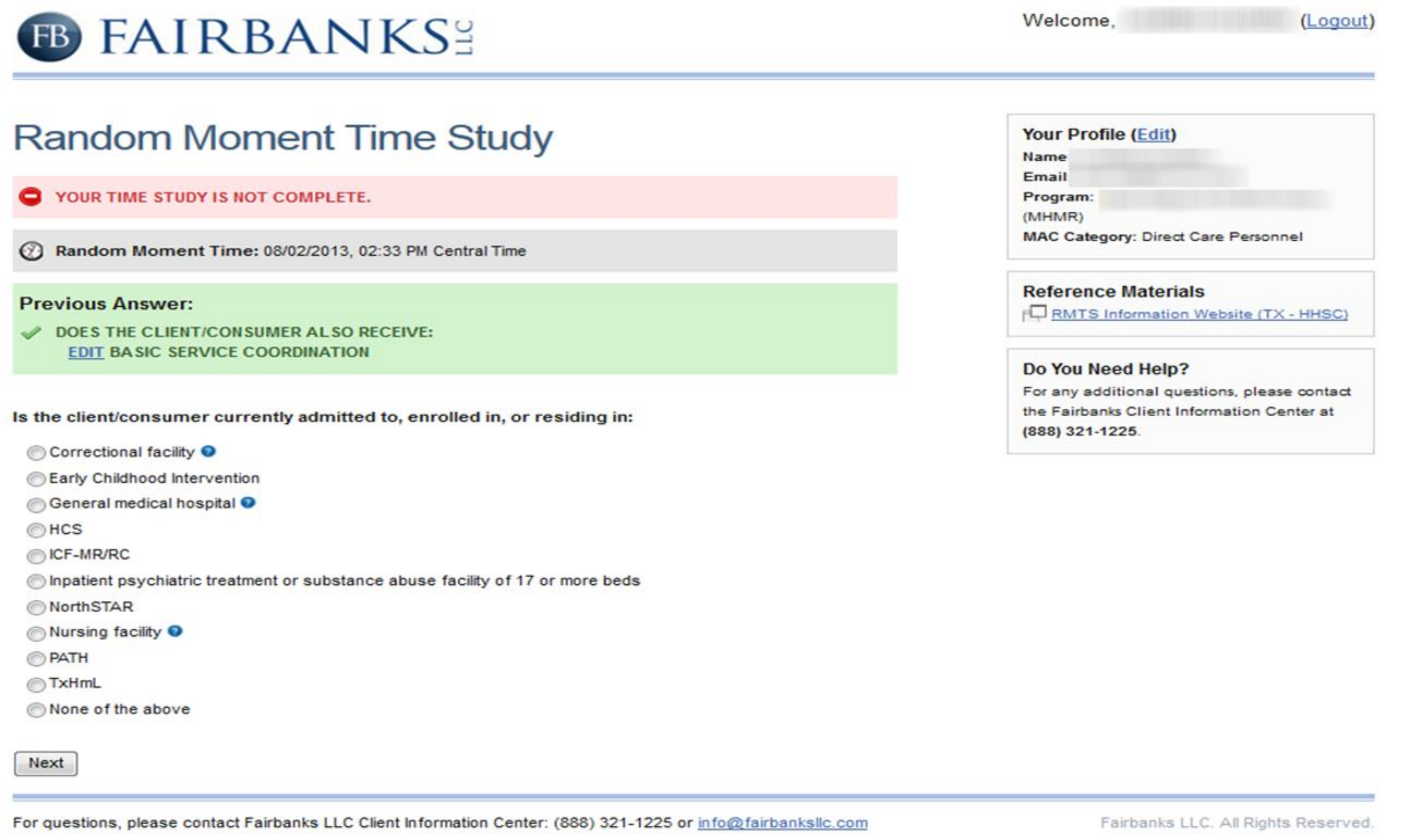
Service Coordination – HCS or TxHmL

Yes No

None of the above (text box)

Response – Question 4

Is the client/consumer currently admitted to, enrolled in, or residing in?



FB FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ DOES THE CLIENT/CONSUMER ALSO RECEIVE:
EDIT BASIC SERVICE COORDINATION

Is the client/consumer currently admitted to, enrolled in, or residing in:

- ○ Correctional facility
- ○ Early Childhood Intervention
- ○ General medical hospital
- ○ HCS
- ○ ICF-MR/RC
- ○ Inpatient psychiatric treatment or substance abuse facility of 17 or more beds
- ○ NorthSTAR
- ○ Nursing facility
- ○ PATH
- ○ TxHmL
- ○ None of the above

Your Profile (Edit)
Name [redacted]
Email [redacted]
Program: [redacted] (MHMR)
MAC Category: Direct Care Personnel

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
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TEXAS
Health and Human Services

Response – Question 4

Is the client/consumer currently admitted to, enrolled in, or residing in?

Correctional facility

(hover over) Includes jail, detention center, boot camp

Early Childhood Intervention

General Medical Hospital

(hover over) Does not include day surgery or the emergency room

HCS

ICF-IDD/RC

(hover over) Includes State Supported Living Centers

Is the consumer within 180 days of discharge?

Yes No

Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, nursing facility or State Supported Living Center ?

Yes No

Response – Question 4

Is the client/consumer currently admitted to, enrolled in, or residing in?

Inpatient psychiatric treatment or substance abuse facility of 17 or more beds

NorthSTAR

Nursing facility (hover over) Nursing home

Are they within 180 days of discharge?

Yes No

Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, ICF-IDD/RC, State Supported Living Center, or nursing facility?

Yes No

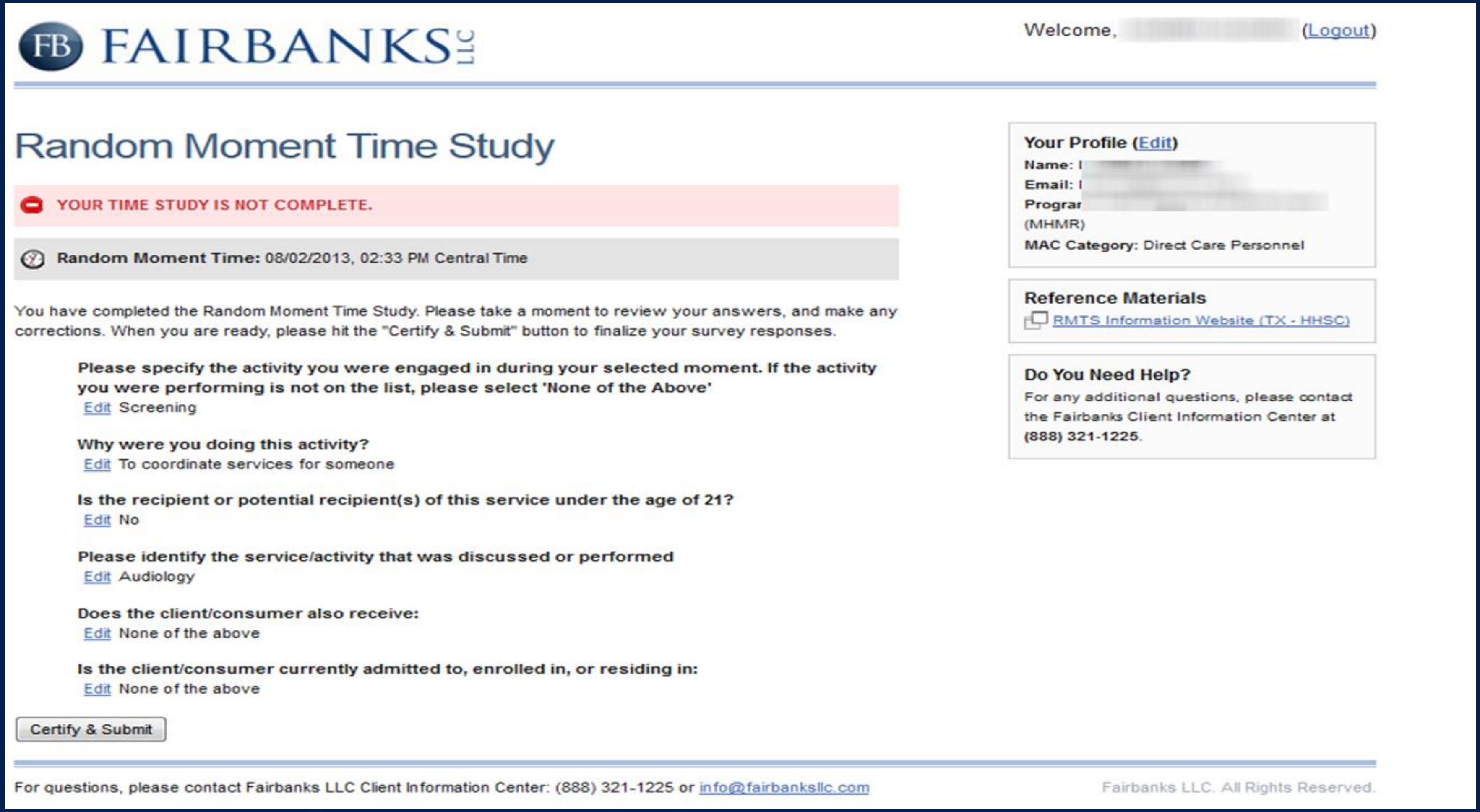
PATH

TxHmL

None of the above

Complete Time Study

Review, Certify and Submit



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'
Edit Screening

Why were you doing this activity?
Edit To coordinate services for someone

Is the recipient or potential recipient(s) of this service under the age of 21?
Edit No

Please identify the service/activity that was discussed or performed
Edit Audiology

Does the client/consumer also receive:
Edit None of the above

Is the client/consumer currently admitted to, enrolled in, or residing in:
Edit None of the above

Certify & Submit

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Prograr[redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
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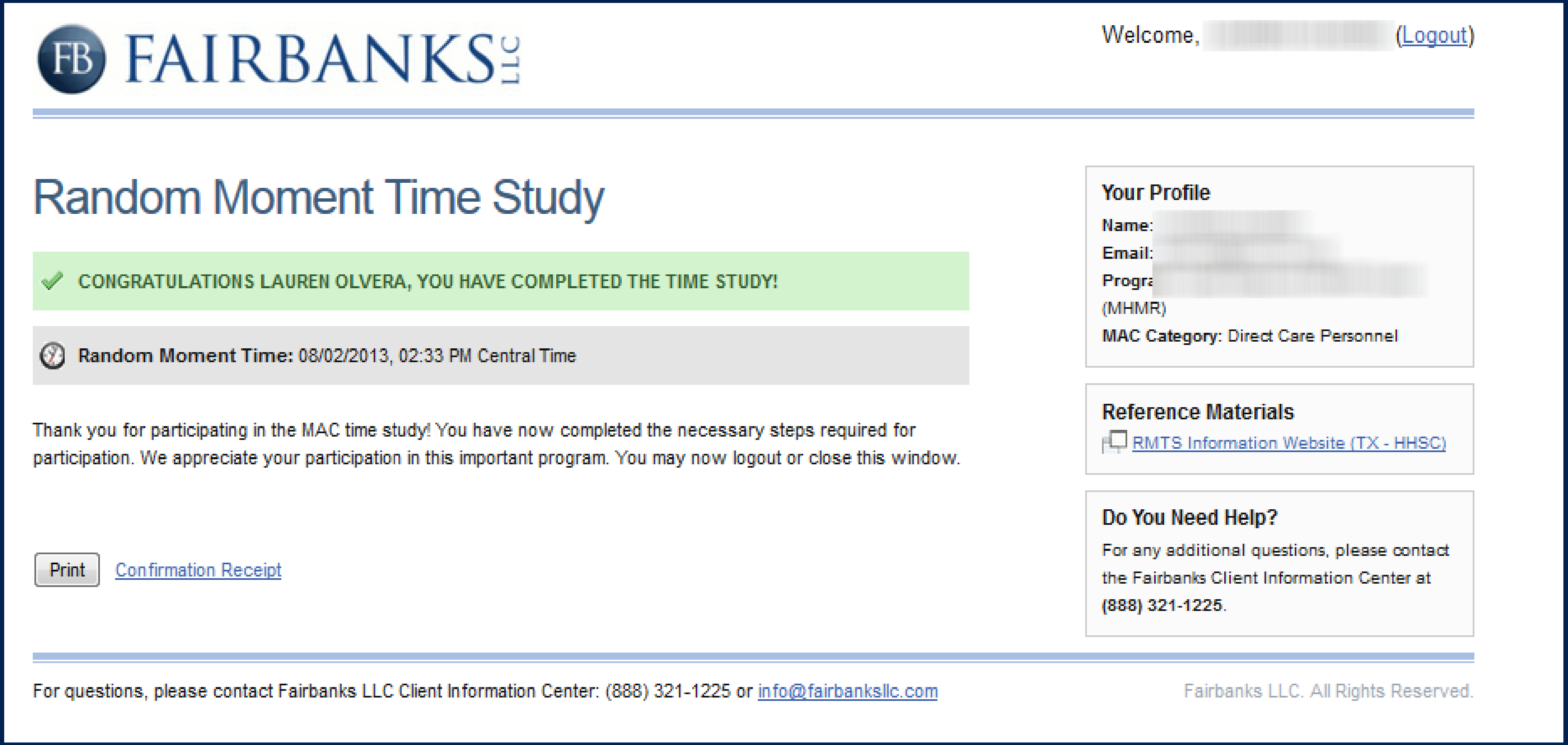
TEXAS
Health and Human Services

Complete Time Study

Printed Completed RMTS



Welcome, [redacted] (Logout)

Random Moment Time Study

✓ CONGRATULATIONS LAUREN OLVERA, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

Your Profile

Name: [redacted]
Email: [redacted]
Progra [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

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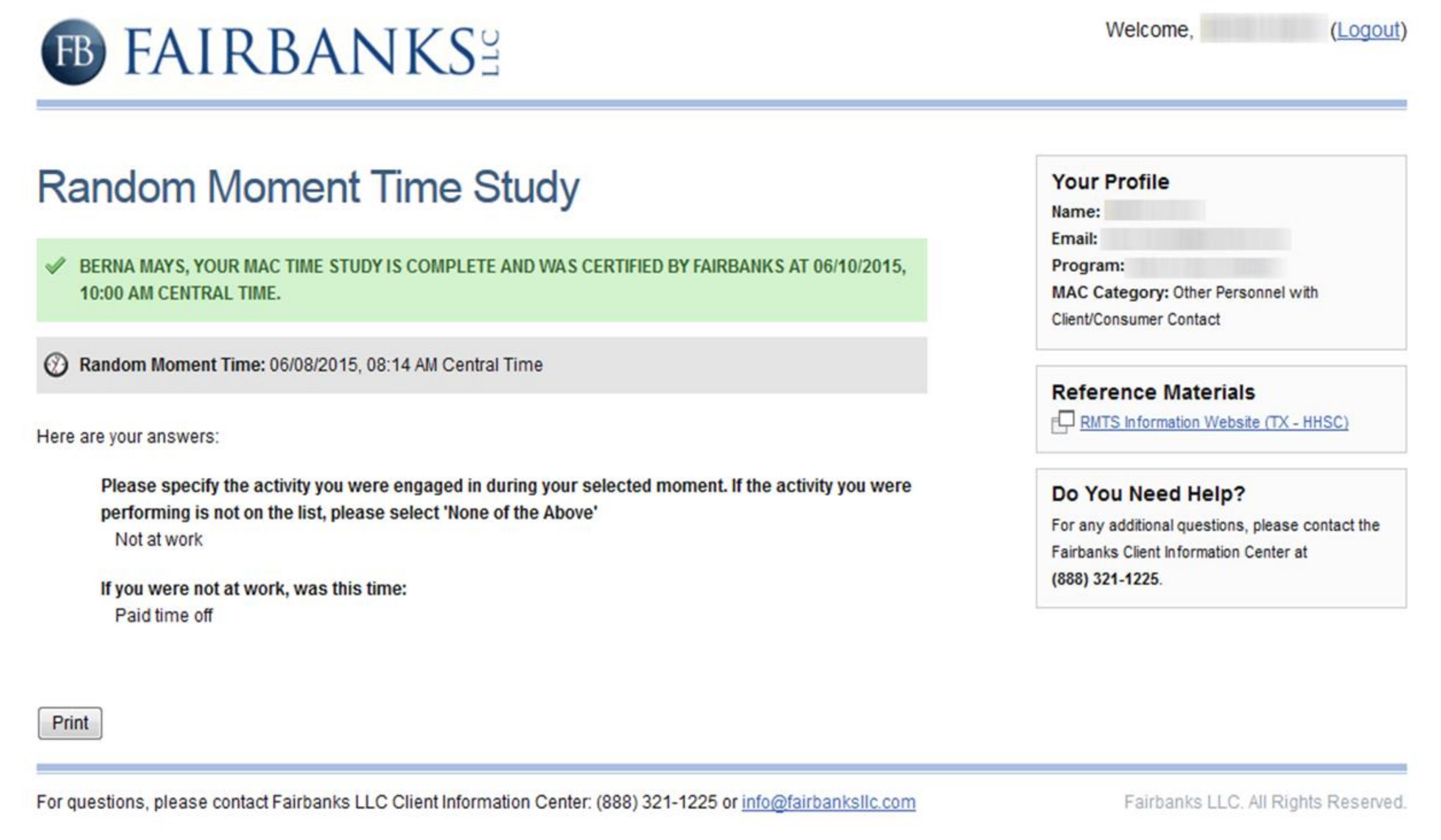
Complete Time Study

Printed Confirmation Receipt



Welcome, [redacted] (Logout)

Random Moment Time Study

✓ BERNA MAYS, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 06/10/2015, 10:00 AM CENTRAL TIME.

Random Moment Time: 06/08/2015, 08:14 AM Central Time

Here are your answers:

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'
Not at work

If you were not at work, was this time:
Paid time off

Your Profile
Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Other Personnel with Client/Consumer Contact

Reference Materials
RMTS Information Website (TX - HHSC)

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For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Email Messages

- Types of Communication managed predominantly via e-mail, i.e.:
  - RMTS moment notifications and follow ups
  - Participant list updates
  - Compliance follow-ups
  - MAC Financial notifications and follow-ups
- Role in Fairbanks dictates what messages you receive
- It’s critical that your MH-IDD authorize your e-mail system to accept emails from Fairbanks.
- Confirm with your IT staff to make sure that e-mails with info@fairbanksllc.com, and @hhsc.state.tx.us extensions pass through firewalls and spam filters.

Helpful Hints

Passwords

- Passwords will not change
- If you forget your password, you can reset it at the log-in screen

Manage Contacts

- Delete contacts if they are no longer with your entity
  - Do not back space and type over the name
- To add a contact in system use the “Add a new contact”
  - Username & Password will be e-mailed
- The primary contact can change primary status from themselves to a secondary. A secondary contact cannot change primary contact status
- There can be only one Primary contact for each role (RMTS and MAC Financial)
- There is no limit to the number of secondary contacts

For system questions contact Fairbanks support line: (888) 321-1225

WRAP UP

- If you are not listed in the Fairbanks system as a Contact then you cannot receive credit for completing this training until you have been added by the Primary RMTS contact or CEO

There are NO certificates for training:

- You will receive an email thanking you for attending today’s training, however this does not mean that you will receive training credit.
- RMTS Contacts can view attendance information via Fairbanks by clicking the "Training" tab on the top far right portion of the screen
- A maximum of 9 days processing time is required after attending training before the session attended will be listed next to the RMTS Contact's name and the "status" column will then show full access
- Once “Full Access” is indicated you will be able to update/certify the participant list
- You can print this screen using the printer icon located on the top right corner of the screen for your records

TEXAS
Health and Human Services

Contact Information

TEXAS
Health and Human Services

Time Study

- Scott Kruse - Director (512) 490-3194
- Ri-Chard Thomas – Team Lead
- Alexandra Young – Rate Analyst

E-Mail Address

TimeStudy@hhsc.state.tx.us

Website

https://rad.hhs.texas.gov/time-study/time-study-mhidd-training-information

Fairbanks, LLC. (888) 321-1225

info@fairbanksllc.com

TEXAS
Health and Human
Services

Thank you

Time Study Unit